

ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

NAIC Group Code	1238	1238	NAIC Company Code	95644	Employer's ID Number	38-2018957
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ]		Property/Casualty[ ]		Hospital, Medical & Dental Service or Indemnity[ ]	
	Dental Service Corporation[ ]		Vision Service Corporation[ ]		Health Maintenance Organization[X]	
	Other[ ]		Is HMO Federally Qualified? Yes[X] No[ ]			
Date Incorporated or Organized	07/01/1973			Date Commenced Business	05/01/1976	
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600			DETROIT, MI 48202		
	(Street and Number)			(City, or Town, State and Zip Code)		
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600					
	(Street and Number)					
	DETROIT, MI 48202			(313)871-2000		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	3011 W. GRAND BLVD. SUITE 1600			DETROIT, MI 48202		
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)		
Primary Location of Books and Records	3011 W. GRAND BLVD. SUITE 1600					
	(Street and Number)					
	DETROIT, MI 48202			(313)871-2000		
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	TOTALHEALTHCAREONLINE.COM					
Statement Contact	NICOLE S. ROUSH, CPA			(313)871-7879		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	NROUSH@THC-ONLINE.COM			(313)871-7406		
	(E-Mail Address)			(Fax Number)		
Policyowner Relations Contact	3011 W. GRAND BLVD., STE. 1600					
	(Street and Number)					
	DETROIT, MI 48202			(313)871-2000		
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)(Extension)		

OFFICERS

EXECUTIVE DIRECTOR	LYLE EDWARD ALGATE #
SECRETARY	GERTRUDE HELEN MINKIEWICZ
TREASURER	MARY JANE CLAY
MEDICAL DIRECTOR	ROBYN JAMES ARRINGTON JR.,M.D.
CO-TREASURER	JEANETTE ABBOTT

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

FRANCES LYNCH	ELEANOR BETTS
DOUGLAS PAUL BAKER	RUBY OCTAVIA COLE
KATHLEEN THERESA KATHER	

State of	Michigan
County of	WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
LYLE EDWARD ALGATE	GERTRUDE HELEN MINKIEWICZ	MARY JANE CLAY
(Printed Name)	(Printed Name)	(Printed Name)
EXECUTIVE DIRECTOR	Secretary	Treasurer
	a. Is this an original filing?	Yes[X] No[ ]
	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Subscribed and sworn to before me this  
day of , 2003

(Notary Public Signature)

**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
<b>Group Subscribers:</b>						
BOARD OF EDUCATION .....	6,820	.....	.....	.....	.....	6,820
CITY OF DETROIT .....	386,802	227,521	.....	.....	.....	614,323
CITY OF DETROIT (DOT) .....	55,019	10,974	.....	.....	.....	65,993
FEDERAL EMPLOYEE (NON-POSTAL) .....	9,045	5,472	.....	.....	.....	14,517
FEDERAL EMPLOYEE (POSTAL) .....	58,659	60,363	.....	.....	.....	119,022
0299997 Subtotal - Group Subscribers: .....	516,345	304,330	.....	.....	.....	820,675
0299998 Premium due and unpaid not individually listed .....	29,156	13,830	.....	.....	.....	42,986
0299999 Total group .....	545,501	318,160	.....	.....	.....	863,661
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	350,000	.....	.....	.....	.....	350,000
0599999 Accident and health premiums due and unpaid (Page 2, Line 10) ..	895,501	318,160	.....	.....	.....	1,213,661

**EXHIBIT 4 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Receivables not inidividually listed</b>						
MEDICAID - MATERNITY .....	859,276					859,276
FIRST HEALTH - PHARMACY .....	390,867					390,867
HEALTH CHOICE OF WAYNE COUNTY .....	600,000					600,000
0499999 Total - Receivables not inidividually listed .....						
0599999 Health care receivables .....	1,850,143					1,850,143

**EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Payable						
4 D PHARMACY .....	1,455,836					1,455,836
0199999 Total - Individually Listed Claims Payable .....	1,455,836					1,455,836
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	12,807					12,807
0499999 Subtotals .....	1,468,643					1,468,643
0599999 Unreported claims and other claim reserves .....						13,906,658
0699999 Total Amounts Withheld .....						4,502,671
0799999 Total Claims Payable .....						19,877,972
0899999 Accrued Medical Incentive Pool .....						477,631

**21     Exhibit 6 - Ammounts Due From Parent - ..... NONE**

**22     Exhibit 7 - Amounts Due to Parent - ..... NONE**

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	24,634,951	30.172	623,466	100.000		24,634,951
2.	Intermediaries .....						
3.	All other providers .....						
4.	Total capitation payments .....	24,634,951	30.172	623,466	100.000		24,634,951
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	56,598,603	69.319	X X X	X X X		56,598,603
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....	415,640	0.509	X X X	X X X		415,640
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	57,014,243	69.828	X X X	X X X		57,014,243
13.	Total (Line 4 plus Line 12) .....	81,649,194	100.000	X X X	X X X		81,649,194

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 .....			X X X .....	X X X .....	X X X .....

**EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	35,134	.....	35,134	.....	.....	.....
6.	Total .....	35,134	.....	35,134	.....	.....	.....



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:

NAIC Group Code 1238

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	54,639	12	9,194						45,433	
2. First Quarter .....	49,773	12	3,506				604		45,651	
3. Second Quarter .....	51,821	11	4,284				614		46,912	
4. Third Quarter .....	54,563	11	5,340				625		48,587	
5. Current Year .....	53,327	10	4,372				633		48,312	
6. Current Year Member Months .....	623,466	133	48,766				7,381		567,186	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	243,532	86	31,611				4,784		207,051	
8. Non-Physician .....	84,901	25	9,252				1,400		74,224	
9. Total .....	328,433	111	40,863				6,184		281,275	
10. Hospital Patient Days Incurred .....	24,702	3	1,153				175		23,371	
11. Number of Inpatient Admissions .....	5,756	1	201				38		5,516	
12. Premiums Collected .....	102,598,186	29,605	7,214,393				953,833		94,400,355	
13. Premiums Earned .....	102,765,342	29,605	7,597,592				1,011,674		94,126,471	
14. Amount Paid for Provision of Health Care Services .....	81,649,194	17,418	6,386,402				966,617		74,278,757	
15. Amount of Incurred for Provision of Health Care Services .....	86,213,399	13,316	4,882,497				755,820		80,561,766	

34 Grand Total



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:

NAIC Group Code 1238

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only				
<b>Total Members at end of:</b>										
1. Prior Year .....	54,639	12	9,194						45,433	
2. First Quarter .....	49,773	12	3,506				604		45,651	
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14. Amount Paid for Provision of Health Care Services .....	81,649,194	17,418	6,386,402				966,617		74,278,757	
15. Amount of Incurred for Provision of Health Care Services .....	86,213,399	13,316	4,882,497				755,820		80,561,766	

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	
6.	Increase (decrease) by foreign exchange adjustment .....	
6.1	Totals, Part 1, Column 11 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	
8.	Book/adjusted carrying value at the end of current period .....	
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, current period) .....	

NONE

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period .....	

NONE

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period .....	

NONE

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Class 1 .....											
1.2	Class 2 .....											
1.3	Class 3 .....											
1.4	Class 4 .....											
1.5	Class 5 .....											
1.6	Class 6 .....											
1.7	TOTALS .....											
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Class 1 .....											
2.2	Class 2 .....											
2.3	Class 3 .....											
2.4	Class 4 .....											
2.5	Class 5 .....											
2.6	Class 6 .....											
2.7	TOTALS .....											
3.	STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Class 1 .....											
3.2	Class 2 .....											
3.3	Class 3 .....											
3.4	Class 4 .....											
3.5	Class 5 .....											
3.6	Class 6 .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Class 1 .....											
4.2	Class 2 .....											
4.3	Class 3 .....											
4.4	Class 4 .....											
4.5	Class 5 .....											
4.6	Class 6 .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1	Class 1 .....											
5.2	Class 2 .....											
5.3	Class 3 .....											
5.4	Class 4 .....											
5.5	Class 5 .....											
5.6	Class 6 .....											
5.7	TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1 .....		500,000				500,000	100.00			500,000	
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 TOTALS .....		500,000				500,000	100.00			500,000	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating Per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1 .....		500,000				500,000	100.00	X X X	X X X	500,000	
10.2 Class 2 .....								X X X	X X X		
10.3 Class 3 .....								X X X	X X X		
10.4 Class 4 .....								X X X	X X X		
10.5 Class 5 .....						(c)		X X X	X X X		
10.6 Class 6 .....						(c)		X X X	X X X		
10.7 TOTALS .....		500,000				(b) 500,000	100.00	X X X	X X X	500,000	
10.8 Line 10.7 as a % of Column 6 .....		100.00				100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1 .....						X X X	X X X				
11.2 Class 2 .....						X X X	X X X				
11.3 Class 3 .....						X X X	X X X				
11.4 Class 4 .....						X X X	X X X				
11.5 Class 5 .....						X X X	X X X	(c)			
11.6 Class 6 .....						X X X	X X X	(c)			
11.7 TOTALS .....						X X X	X X X	(b)			
11.8 Line 11.7 as a % of Col. 8 .....						X X X	X X X		X X X		
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1 .....		500,000				500,000	100.00			500,000	X X X
12.2 Class 2 .....											X X X
12.3 Class 3 .....											X X X
12.4 Class 4 .....											X X X
12.5 Class 5 .....											X X X
12.6 Class 6 .....											X X X
12.7 TOTALS .....		500,000				500,000	100.00			500,000	X X X
12.8 Line 12.7 as a % of Col. 6 .....		100.00				100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 .....		100.00				100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1 .....										X X X	
13.2 Class 2 .....										X X X	
13.3 Class 3 .....										X X X	
13.4 Class 4 .....										X X X	
13.5 Class 5 .....										X X X	
13.6 Class 6 .....										X X X	
13.7 TOTALS .....										X X X	
13.8 Line 13.7 as a % of Col. 6 .....							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10 .....							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$.....500,000 current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Issuer Obligations .....											
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
1.7	TOTALS .....											
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Issuer Obligations .....											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....											
3.	STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Issuer Obligations .....											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....											
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined .....											
6.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations .....		500,000				500,000	100.00			500,000	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
7.3 Defined .....											
7.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....		500,000				500,000	100.00			500,000	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined .....											
9.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations .....		500,000				500,000	100.00	X X X	X X X	500,000	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined .....								X X X	X X X		
10.4 Other .....								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined .....								X X X	X X X		
10.6 Other .....								X X X	X X X		
10.7 TOTALS .....		500,000				500,000	100.00	X X X	X X X	500,000	
10.8 Line 10.7 as a % of Column 6 .....		100.00				100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations .....						X X X	X X X				
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined .....						X X X	X X X				
11.4 Other .....						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined .....						X X X	X X X				
11.6 Other .....						X X X	X X X				
11.7 TOTALS .....						X X X	X X X				
11.8 Line 11.7 as a % of Column 8 .....						X X X	X X X		X X X		
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations .....		500,000				500,000	100.00			500,000	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined .....											X X X
12.4 Other .....											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined .....											X X X
12.6 Other .....											X X X
12.7 TOTALS .....		500,000				500,000	100.00			500,000	X X X
12.8 Line 12.7 as a % of Column 6 .....		100.00				100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....		100.00				100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations .....										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined .....										X X X	
13.4 Other .....										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined .....										X X X	
13.6 Other .....										X X X	
13.7 TOTALS .....										X X X	
13.8 Line 13.7 as a % of Column 6 .....							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							X X X	X X X	X X X	X X X	

**SCHEDULE DA - PART 2**  
**Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	6,354,856			6,354,856	
2.	Cost of short-term investments acquired .....	118,175			118,175	
3.	Increase (decrease) by adjustment .....					
4.	Increase (decrease) by foreign exchange adjustment .....					
5.	Total profit (loss) on disposal of short-term investments .....					
6.	Consideration received on disposal of short-term investments .....					
7.	Book/adjusted carrying value, current year .....	6,473,031			6,473,031	
8.	Total valuation allowance .....					
9.	Subtotal (Lines 7 plus 8) .....	6,473,031			6,473,031	
10.	Total nonadmitted amounts .....					
11.	Statement value (Lines 9 minus 10) .....	6,473,031			6,473,031	
12.	Income collected during year .....	118,175			118,175	
13.	Income earned during year .....	110,713			110,713	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: MONEY MARKET FUNDS

**44     Schedule DB Part A Verification - ..... NONE**

**44     Schedule DB Part B Verification - ..... NONE**

**45     Schedule DB Part C Verification - ..... NONE**

**45     Schedule DB Part D Verification - ..... NONE**

**45     Schedule DB Part E Verification - ..... NONE**

**46     Schedule DB Part F Sn 1 - Sum Replicated Assets - ..... NONE**

**47     Schedule DB Part F Sn 2 - Recon Replicated Assets - ..... NONE**

**48     Schedule S - Part 1 - Section 2 - ..... NONE**

**SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Company	5  Location	6  Paid Losses	7  Unpaid Losses
<b>Accident and Health, Non-Affiliates</b>						
90611 ....	41-1366075 ...	11/01/2002	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA .....	MINNEAPOLIS, MN .....	28,341 .....	.....
0599999 Total - Accident and Health, Non-Affiliates .....					28,341 .....	.....
0699999 Totals - Accident and Health .....					28,341 .....	.....
0799999 Totals - Life, Annuity and Accident and Health .....					28,341 .....	.....

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Non-Affiliates</b>												
90611 .....	41-1366075 ...	11/01/2002	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA .....	MINNEAPOLIS, MN .....	SSL/L .....	408,129						
0299999 Total - Non-Affiliates .....						408,129						
0399999 Totals .....						408,129						

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
					NONE								
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	34	46	34	37	44
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	374	226	155	136	140
4. Commissions and reinsurance expense allowance .....					
5. Total medical and hospital expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	28	65			
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

**SCHEDULE S - PART 6**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	26,080,940		26,080,940
2. Amounts recoverable from reinsurers (Line 12) .....	28,341	(28,341)	
3. Accident and health premiums due and unpaid (Line 10) .....	1,213,661		1,213,661
4. Net credit for ceded reinsurance .....	X X X	28,341	28,341
5. All other admitted assets (Balance) .....	1,913,757		1,913,757
6. Total assets (Line 23) .....	29,236,699		29,236,699
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	19,877,972		19,877,972
8. Accrued medical incentive pool and bonus payments (Line 2) .....	477,631		477,631
9. Premiums received in advance (Line 6) .....	41,974		41,974
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	980,243		980,243
12. Total liabilities (Line 18) .....	21,377,820		21,377,820
13. Total capital and surplus (Line 26) .....	7,858,879	X X X	7,858,879
14. Total liabilities, capital and surplus (Line 27) .....	29,236,699		29,236,699
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....	28,341		
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....	28,341		
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....	28,341		

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
					N O N E							
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

	Response
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	See Explanation

APRIL FILING

7. Will Management's Discussion and Analysis be filed by April 1?	Yes
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
9. Will the Investment Risks Interrogatories be filed by April 1?	Yes

JUNE FILING

10. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
---	-----

Explanations:

SVO COMPLIANCE CERTIFICATION NOT REQUIRED BY STATE OF DOMICILE

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



LTC Experience Reporting Form C



**OVERFLOW PAGE FOR WRITE-INS**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**FOR THE STATE OF MICHIGAN**



NAIC Group Code: 1238

NAIC Company Code: 95644

Address (City, State and Zip Code): DETROIT, MI 48202

Person Completing This Exhibit:

Title:

Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individuals .....											.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....											.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

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ANNUAL STATEMENT**

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